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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000032583

1. Corporation Name: Lakes Kingdom II inc.

2. Principal Office Address	3. Mailing Office Address
14395 SW 139 ct.	14395 SW 139 ct.
Suite, Apt. #, etc.: # 101	Suite, Apt. #, etc.: #101
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: US	Zip: 33186 Country: US

REINSTATEMENT (FREEDS1 (8/05)) 02-05

4. Date Incorporated or Qualified To Do Business in Florida: 3/30/01

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Victor F. Sejas

Street Address (P.O. Box Number is Not Acceptable): 14395 SW 139 ct.

Suite, Apt. #, Etc.: # 101

City: Miami State: FL Zip Code: 33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 11/03/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGM	VICTOR F. SEJAS	14395 SW 139 Ct #101	Miami, FL 33186

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11/03/05 305-378-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2053

CONTRERAS, JONASZ & CAMACHO P.A.

Attorneys and Counselors
4000 Ponce de Leon Blvd.
Suite 400
Coral Gables, Florida 33146

Gilbert A. Contreras
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Telephone: (786) 594-0180
Facsimile: (786) 594-0187

November 10, 2005

Secretary of the State of Florida
Cliston Building
2661 Executive Center Circle
Tallahassee Fl. 32301

RE: Lakes Kingdom IV Inc., a Florida corporation

In regards to the reinstatement we are having a problem with name availability. This letter shall confirm that Lakes Kingdom IV LLC, a Florida Limited Liability Company is affiliated with Lakes Kingdom IV Inc., a Florida corporation and hereby consents to the reinstatement of the aforementioned corporation and the use of name.

Very truly yours,

Victor F. Seijas Jr.

3843

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

RESUBMIT

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

LAKES KINGDOM IV INC.

Certificate of Status	0
Certified Copy	0
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